United Nations E/CN.6/2019/NGO/107

Economic and Social Council

Distr.: General
26 November 2018

Original: English

Commission on the Status of Women
Sixty-third session
11–22 March 2019
Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century"

Statement submitted by International Women's Health Coalition, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.

18-20231 (E) 141218

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Statement

In order to fulfil women's human rights, governments must invest in gender-inclusive social protection systems, quality public services, including a robust public health system, and sustainable infrastructure. A quality public health system must include comprehensive sexual and reproductive health care services in the context of a legal and policy environment that respects, protects, and fulfils the sexual and reproductive rights of women and girls.

Governments around the world still face stark challenges in fulfilling the sexual and reproductive rights of women and girls, including legal and policy frameworks that fail to protect their rights, as well as financial and other barriers access to quality health services. It is vital that governments fully commit to overcoming these barriers, adopt a broad and holistic approach towards women and girls' health, ensure that universal health coverage schemes include a comprehensive package of sexual and reproductive health care services, and invest in gender-sensitive infrastructure and public services. In particular, governments must take into consideration the particular challenges faced by the most marginalized and hard-to-reach groups.

Sustainable infrastructure and public services linkages with sexual and reproductive rights

Inaccessible infrastructure and public services impede the fulfilment of women and girls' sexual and reproductive rights. For example, inadequate clean water and sanitation leads to avoidable contamination, disease, and death, as well as poses obstacles to dignified menstrual health management. In addition to harming their overall health, and sexual and reproductive health especially, lack of access to basic infrastructure may prevent girls from continuing their education or employment, as well as substantially increase the burden of unpaid care work on women and girls, for example, in the case of women and girls who spend a considerable amount of time gathering safe drinking water daily.

Limited availability of nearby, well-equipped public health facilities leads to great difficulties in accessing healthcare. The problem can be particularly acute in rural areas where lack of health facilities combined with expensive, unsafe, or non-existent public transportation makes accessing health care harder for rural populations, especially for rural women and girls. In addition, the deficit of skilled and well-trained health workers — estimated at more than 10 million worldwide — reduces the availability of services. Additional barriers to accessing healthcare for women and girls include providers refusing to provide certain services, stigma associated with sexual and reproductive health services, and discrimination faced in health care settings exacerbated by age, disability, ethnicity, class, gender identity or expression, sexual orientation, marital status, health status, or other characteristics.

The lack of available, accessible, acceptable and quality public health services violates the right to health of women and girls, limits their access to comprehensive sexual and reproductive health services and information, and ultimately leads to negative health outcomes.

Gender-inclusive social protection systems, including universal health coverage

Around 55 per cent of the world's population, or 4 billion people, do not receive any kind of social benefit, and almost 40 per cent of people around the world remain without any sort of health protection of insurance. Universal health coverage has the potential to provide financial protection against catastrophic health costs and out-of-pocket expenses, enhance access to and increase the availability of medication and services, and lead to improved health outcomes. However, to truly be universal,

governments must design universal health coverage schemes in ways that address the particular needs of women, adolescents, and marginalized communities.

In particular, universal health coverage schemes must include core sexual and reproductive health services in essential benefits packages, including contraception; safe abortion and post-abortion care; antenatal, safe delivery and postnatal care; prevention and treatment of infertility, reproductive tract infections, sexually transmissible infections, including HIV, and reproductive cancers; and services to address gender-based violence.

Universal health coverage schemes must also provide a level of financial protection sufficient to insulate women and girls against economic hardship. Women consistently experience a higher burden of out-of-pocket costs for health care services than men who have similar levels of insurance coverage, largely due to non-coverage or limits on coverage for sexual and reproductive health services. Even nominal co-pays, common in many insurance programs, may pose a significant barrier if women or adolescents do not have access to or control over cash.

Finally, attention must be paid to make sure that the most marginalized women do not fall through the cracks of universal health coverage due to a lack of autonomy and decision-making power, or lack of information. Women who are employed in the informal sector, women living in poverty, adolescent girls, older women, and lesbian, bisexual and transgender women are often those least able to obtain good quality health insurance.

Without addressing the myriad other barriers to accessing sexual and reproductive health care services, universal health coverage schemes will fail no matter how well they are financed or rolled out. These other factors include discriminatory social and cultural norms and practices; laws that criminalize certain services, such as abortion; third party authorization requirements, such as parental or spousal consent; lack of information, education, and decision-making power; and health care workers that refuse to provide care on the basis of conscience. Governments must also address other social determinants of health, such as food and nutrition, security, water and sanitation, and other environmental and occupational factors that can also have specific negative health consequences for women and girls, including for their sexual and reproductive health.

Without addressing these factors, the international community will not meet the Sustainable Development Goals and governments will continue to fail to fulfil the human rights of women and girls. It is paramount, therefore, that commitment towards gender equality and empowerment is not limited to a matter of principle but translates into the effective implementation of specific programs to guarantee the availability of and access to essential services for all women and girls.

Key Recommendations:

Sustainable Infrastructure:

- Guarantee universal access to water and sanitation, including menstrual hygiene management, by incorporating a gender perspective into these programs.
- Invest in sustainable transportation systems, including roads and public and emergency transport to make traveling to health facilities easier, faster, and safer.

Access to Quality Public Health Services:

- Invest in public health systems, including in particular primary health care facilities and health outposts, ensure commodity security, establish referral

networks, and provide emergency transport services to ensure universal access to comprehensive sexual and reproductive health services and information.

- Increase the number of health care workers, particularly community health workers, nurses, midwives, obstetricians and gynaecologists, and primary care physicians, including by providing incentives; training, equipping and establishing supervisory mechanisms to enable health care workers to provide high quality and comprehensive care, including comprehensive sexual and reproductive health services and information; develop policies to allow task shifting to lower level health care workers to provide contraceptives, medical abortion, and basic antenatal, delivery, and postnatal care.

- Improve the training of health personnel to eliminate discrimination, disrespect, abuse and other human rights violations in health care settings and to deliver ethical, appropriate, culturally relevant and human rights-based health care services.

Universal Health Coverage:

- Design universal health coverage schemes to address barriers to coverage and coverage gaps faced by women and girls, especially those from marginalized groups.

- Ensure that essential benefits packages for universal health coverage programs include a comprehensive package of sexual and reproductive health services, including contraception; safe abortion and post-abortion care; antenatal, safe delivery and postnatal care; prevention and treatment of infertility, reproductive tract infections, sexually transmissible infections, including HIV, and reproductive cancers; and services to address gender-based violence.

- Create enabling legal and policy frameworks to fulfil women and girls' sexual and reproductive health and rights and address social norms and practices that perpetuate gender inequality, limit women and girls' autonomy and decision-making power, and limit their access to services.

Engagement with Civil Society:

- Respect the human right to participation by engaging non-governmental organizations and affected communities in all aspects of decision-making, budgeting, policy development, program implementation, and monitoring and evaluation of the public health system, and promoting participatory governance of health system, including by regulating the private sector.

- Work independently, jointly, and/or with intergovernmental agencies and non-governmental organizations, to produce and publish data on health disaggregated by gender, age, residence, disability, indigenous status, and other factors relevant in local contexts, in order to design programs and policies tailored to the specific needs of women and girls.